

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>8-9-05</u>		2 Serial/Patent # <u>101522724</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%; text-align: center;">1-28-05</td><td style="width: 10%; text-align: right;">\$ 100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	1-28-05	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/>	Filing	1	1-28-05	\$ 100																																																		
<input type="checkbox"/>	Amendment			\$																																																		
<input type="checkbox"/>	Extension of Time			\$																																																		
<input type="checkbox"/>	Notice of Appeal/Appeal			\$																																																		
<input type="checkbox"/>	Petition			\$																																																		
<input type="checkbox"/>	Issue			\$																																																		
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$																																																		
<input type="checkbox"/>	Maintenance			\$																																																		
<input type="checkbox"/>	Assignment			\$																																																		
<input type="checkbox"/>	Other			\$																																																		
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ 100																																																		
10 REASON:		8 TO BE REFUNDED BY:																																																				
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-top: 5px;"> 15--0030 </div>																																																				
11 REFUND REQUESTED BY:																																																						
TYPED/PRINTED NAME:		TITLE:																																																				
SIGNATURE: <u>R. Johnson</u>		PHONE:																																																				
OFFICE:																																																						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																						
APPROVED: _____		DATE: _____																																																				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: